

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 5 — 0 2 9

2. STATE:

LOUISIANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~February 27, 1995~~ July 1, 1995**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.253

7. FEDERAL BUDGET IMPACT:

a. FFY 1994-95 \$ (24,779,791) *

b. FFY 1995-96 \$ (99,084,886) *

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, Item 1, Page 10i(6)

Attachment 4.19-A, Item 1, Page 10j***

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same TN 94-22

Same TN 94-33***

10. SUBJECT OF AMENDMENT: The purpose is to establish an end date of June 30, 1995 for the
previously submitted disproportionate share hospital, the reimbursement methodologies
governing disproportionate share hospital payments for public state-operated, private hospitals
and public non-state hospitals indigent days pool.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rose V. Forrest

14. TITLE:

Secretary

15. DATE SUBMITTED:

September 27, 1995

16. RETURN TO:

Department of Health and Hospitals
Bureau of Health Services Financing
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 3, 1995

18. DATE APPROVED:

December 19, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 1995

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

~~Steve M. M...~~ Calvin G. Cline22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operation

23. REMARKS:

* Cross reference with 95-030

Fiscal impact is a combined total for these two amendments.

** Effective Date Corrected to Reflect July 1, 1995, Per State's Request of October 12, 1995

*** Added Attachment 4.19-A, Item 1, Page 10j to this transmittal per State Request of
09-28-2000.

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION	Medical and Remedial		
42 CFR	Care and Services	4.	Disproportionate Share Payment Adjustments for
447.253	Item 1 (Contd.).		Public Hospitals - Effective July 1, 1994 through
OBRA-90			June 30, 1995
P.L.		a.	The following six (6) pools are eliminated
101-508			from the DSH Medicaid Days Pools Payment
Sections			Methodology under Item D.3. above: Public
4702-4703			State-Operated Teaching Hospitals, Public
P.L.			State-Operated Non-teaching Hospitals,
102-234 and			Public State-Operated Teaching Distinct Part
OBRA 1993			Psychiatric Units/Freestanding Psychiatric
Section 13621			Hospitals, Public State-Operated non-
			Teaching Distinct Part Psychiatric
			Units/Freestanding Psychiatric Hospitals,
			Public Local Government Acute Hospitals
			and Public Local Government Distinct Part
			Psychiatric Units/Freestanding Psychiatric
			Hospitals.

DSH payments to individual publicly-owned or operated hospitals as defined below (except for those hospitals qualifying for payments in the transition period as described below) will be equal to one hundred (100%) percent of the hospital's uncompensated costs as defined below subject to the adjustment provision of 1.D.4.f. below.

A transition period for services furnished from July 1, 1994 through June 30, 1995 is provided for high disproportionate share public hospitals as defined below. Public "high disproportionate share hospitals" shall receive disproportionate share payments equal to two hundred (200%) percent of the hospital's uncompensated costs as defined below subject to the adjustment provision of 1.D.4.f. below.

STATE <u>Louisiana</u>	A
DATE REC'D <u>10-13-95</u>	
DATE APP'VD <u>12-19-00</u>	
DATE EFF. <u>07-01-95</u>	
HCFA 179 <u>13-29</u>	

TN# 95-29 Approval Date 12-19-00 Effective Date 07-01-95
Supersedes
TN# 94-22

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING RATES - IN-PATIENT HOSPITAL CARE

CITATION

42 CFR

447.253

OBRA-90

P.L.

101-508

Sections

4702-4703

P.L.

102-234

P.L. 103-66

Medical and Remedial
Care and Services
Item 1 (cont'd.)

E. Additional Disproportionate Share to Private Hospitals for
Indigent Care (Free Care) - July 1, 1994 through June 30, 1995

In addition to the six (6) private hospital pools based on Medicaid days described above, the Bureau will continue to reimburse qualifying private hospitals (non-public hospitals which meet the qualifying criteria in Item 1.D.1. a-e per their latest filed fiscal year-end cost report as of March 31st of each year) an additional disproportionate share adjustment payment based on the hospital's number of indigent care days provided under an indigent care plan approved by the Bureau.

1. Qualification

Only those non-public disproportionate share hospitals which qualified for DSH payment per the cost report for the year ended during the period April 1 through March 31 of the previous year and which provided indigent inpatient days under an indigent care plan approved by the Department effective within the State fiscal year used as the base for this payment shall be eligible to receive an additional DSH payment for indigent care.

2. Calculation

Qualifying hospitals' total indigent care DSH payment adjustment shall be equal to each hospital's Medicaid per diem equivalent amount, as defined in paragraph E.3.a., multiplied by that hospital's number of indigent care days provided, as defined in paragraph E.3.b.

STATE <u>Louisiana</u>	A
DATE REC'D <u>10-23-95</u>	
DATE APPVD <u>12-19-00</u>	
DATE EFF <u>07-01-95</u>	
HCFA 179 <u>9529</u>	

TN# 9529 Approval Date 12-19-00 Effective Date 07-01-95

Supersedes

TN# 9433